



California Morbidity



Department of Health Services
Diana M. Bontá, R.N., Dr.P.H., *Director*

Health and Human Services Agency
Grantland Johnson, *Secretary*

State of California
Gray Davis, *Governor*

October 2000

California Smokers' Helpline

Traditionally, high efficacy in the field of smoking treatment has been associated with intensive, face-to-face clinical programs rather than with community based public health programs. Before there were data supporting its efficacy, telephone counseling for smoking cessation was regarded with some doubt, because it was difficult to see how a significant effect on an ingrained behavior such as smoking could be achieved just by talking over the telephone.

It was in this context in 1990 that researchers at the University of California, San Diego (UCSD), obtained funding from the California Department of Health Services to develop and test a telephone-based cessation service. The study not only demonstrated efficacy, but also showed that it was possible to bridge the clinical and public health approaches to smoking cessation. In other words, a helpline could combine the high efficacy of an intensive clinical program with the broad reach of a public health program.

The study began in October 1990. Callers (N=3,030) were randomly assigned to receive one of three treatments:

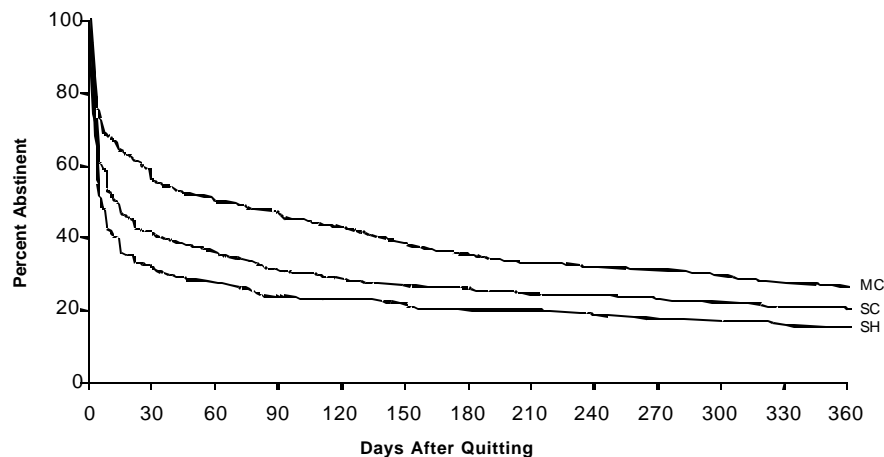
- ? Self-help, consisting of a mailed packet of quitting materials.
- ? Single counseling, including the self-help packet and one pre-quit counseling session.
- ? Multiple counseling, which included the packet, the pre-quit session, and up to five follow-up counseling sessions.

The counseling protocol was carefully designed to give the most useful assistance possible at the most appropriate times. Follow-up evaluation during the 13 months after the subjects' first call to the Helpline yielded some important results. Subjects assigned to the counseling conditions were found to be more likely to make a serious attempt to quit than self-help subjects (66.7% for single and 66.6% for multiple counseling, versus 58.8% for self-help). More importantly, as shown in Figure 1, of those who did make a serious attempt to quit, the subjects assigned to single counseling had a significantly higher rate of one-year continuous abstinence (19.8%) than those in the self-help group (14.7%). In turn, the subjects assigned to the multiple counseling sessions group had a significantly higher abstinence rate (26.7%) than those in the single counseling session, and nearly double the rate of those in self-help. In other words, there was a clear dose-response relationship: the more intensive the service given, the greater the quitting success. Moreover, the rate achieved by the multiple counseling sessions group was comparable to rates associated with intensive, face-to-face clinical programs. Accordingly, on the basis of clear evidence demonstrating the feasibility and efficacy of telephone counseling for smoking cessation, in August 1992 the California Tobacco Control Program provided funding to establish the Helpline as a statewide program.

Figure 1. Relapse curves for self-help (SH), single counseling (SC), and multiple counseling (MC) groups.

Source: Zhu SH, Stretch V, Balabanis M, Rosbrook B, Sadler G, Pierce JP. Telephone Counseling for Smoking Cessation: Effects of Single-Session and Multiple-Session Interventions. *J Consult Clin Psychol* 1996 Feb;(1):202-11.

Source: Department of Health Services



As a statewide, telephone-based resource with proven efficacy, the California Smokers' Helpline is uniquely positioned to bring meaningful cessation assistance into places where few or no other resources exist, and well suited for individuals who are unable or unwilling to access local resources. Despite the state's focus on changing norms, and its reliance on environmental interventions to drive cessation, California's public health officials also recognize the need to provide services to the tobacco users who want to quit but do not know how. Thus, the Helpline plays an important role in the state's comprehensive tobacco control program.

"For people who are ready to quit or just thinking about it." the Website <http://www.nobutts.ucsd.edu/> is both fun and informative.

Smokers can get help by calling the following telephone numbers: 1-800-NO-BUTTS for English; 1-800-45-NO-FUME for Spanish; 1-800-778-8440 for Vietnamese; 1-800-556-5564 for Korean; 1-800-400-0866 for Chinese, Cantonese, and Mandarin; 1-800-933-4TDD for the hearing impaired TDD line. Finally, people who use chew/dip tobacco can call 1-800-844-2439 for assistance.

Reported by: Christopher M. Anderson, California Smokers' Helpline; Shu-Hong Zhu, Ph.D., University of California; San Diego, Department of Family and Preventive Medicine, On contract to the DHS Tobacco Control Section.

Editor note: The California Morbidity Report's editorial committee has received the suggestion to change the name of the CMR. We welcome your comments and suggestions and invite you to send them to the California Morbidity Editorial Committee c/o DCDCCM@dhs.ca.gov.

The report will continue to be available in hard copy but is now available electronically as well. Please let us know your preferred method for receiving the CMR by contacting the California Morbidity Editorial Committee by email at DCDCCM@dhs.ca.gov or by fax at (916) 324-0050. Please include your receiving email address or US postal address for the delivery.